

OATH OF OFFICE

STATE OF MICHIGAN }
County of _____ } SS.

*I do solemnly swear that I will support the Constitution of the United States and the
Constitution of this State, and that I will faithfully discharge the duties of the office of
_____*
according to the best of my ability.

Signature

**

Name Printed or Typed

Sworn to and subscribed before me this _____ day of _____
20____

Signature

**

Title

*

Name Printed or Typed

*

Name of Notary:
County:
Commission
Expires:

* This information is requested if Oath of Office is taken before
someone other than a notary public.

** When filing with the Secretary of State, original signatures are required.

OATH OF OFFICE
